

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155677		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/12/2013	
NAME OF PROVIDER OR SUPPLIER  BELL TRACE HEALTH AND LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408			
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: November 4, 5, 6, 7, 8, &amp; 12, 2013</p> <p>Facility number: 002574 Provider number: 155677 AIM number: N/A</p> <p>Survey team: Cheryl Mabry, RN-TC Diana McDonald, RN Melissa Gillis, RN (November 4, 5, 6, 7, &amp; 8, 2013)</p> <p>Census bed type: SNF: 65 Total: 65</p> <p>Census payor type: Medicare: 31 Other: 34 Total: 65</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 22, 2013; by Kimberly Perigo, RN.</p>		F000000	<p>This plan of correction is to serve as Bell Trace Heath and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Bell Trace Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. Our stated compliance date is December 6, 2013. We respectfully request a paper compliance review.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000241 SS=B	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview, and record review, the facility failed to respect the resident's dignity by placing a clothing protector on residents without consent from the residents. This had the potential to affect 11 of 25 residents in the main dinning room. (Residents #42, #39, #46, #258, #1, #90, #202, #108, #234, #23, &amp; #114).</p> <p>Findings include:</p> <p>During dining observation on 11/08/2013 at 12:18 p.m., in the main dining room, Staff #2 Staff # 9, and Staff #10 were observed placing clothing protectors on 11 residents, without resident approval.</p> <p>Interview with Staff #9 on 11/08/2013 at 12:25 p.m., indicated "I put clothing protectors on residents so there clothing does not get dirty."</p> <p>Review of facility policy and</p>		F000241	<p>F 241 483.15(a) DIGNITY AND RESPECT OF</p> <p>INDIVIDUALITY</p>		12/06/2013	

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	<p>procedure labeled "Heart Warming Meals Dining Program"non-dated received from Administrator on 11/12/2013 at 10:34 a.m., "A clothing protector may be used if needed."</p> <p>3.1-3(t)</p>			<p>Residents #42, 39, 46, 258, 1, 90, 202, 108, 234, 23 &amp; 114 are giving consent prior to placing a clothing protector. Staffs #2, 9 and 10 were offered education regarding respecting the resident's dignity by asking for consent prior to placing a clothing protector. All current residents are asked for consent by the staff prior to placing a clothing protector while respecting their dignity. The systemic change will include:</p> <p>Staff will respect the resident's dignity by asking for consent prior to placing a clothing protector. An administrative staff member or nurse will be in the dining room at all meals to monitor for dignity and address any concerns.</p>			

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				<p>Education will be provided to staff providing meal service regarding the systemic change.</p> <p>The Director of Nursing or designee will audit the dining room for asking the resident prior to placing a clothing protector for consent, daily, Monday through Friday– randomly over all three meals, for 4 weeks, then weekly for 4 weeks, then every other week, for the duration of 12 months. Any concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly for the duration of 12 months. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Completion Date: December 6, 2013</p>			



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F000371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>1) Based on record review, observation, and interview, the facility failed to provide safe food handling technique while processing the puree meals. This deficient practice had the potential to effected 9 out of 9 residents served puree meals. (Dietary Staff # 9)</p> <p>2) Based on observation, interview, and record review, the facility failed to display food in a manner to prevent contamination. This deficient practice had the potential to affect 14 out of 14 residents being served from the Bistro Cafe.</p> <p>3) Based on observation, interview, and record review, the facility failed to ensure staff served food under sanitary conditions in the Bistro Cafe, in that the dietary aid was observed not to wash her hands as indicated by facility policy. This deficient practice had the potential to affect 14 out of 14</p>			F000371	<p>F371 483.35(i) FOOD PROCURE,</p> <p>STORE/PREPARE/SERVE - SANITARY</p> <p>Dietary Staff #9 was offered education regarding providing safe food handling technique while processing the puree meals. Food is displayed in the Bistro Café in a manner to prevent contamination– the desserts on display are now covered. Dietary aide #1 was offered education regarding</p>		12/06/2013

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	<p>residents being served in the Bistro Cafe. (Dietary aide #1)</p> <p>Findings include:</p> <p>1) Observation on 11/07/13 at 10:37 a.m., before the raw hamburger meat was place in the food processor; the bowl, blade, and cover of the food processor was wet with water. Dietary Staff #9 did not wash or change [gender] gloves before placing the raw hamburger meat in the bowl, covered the bowl with the lid and start the machine. Dietary Staff #9 then placed the processed hamburger into a dry pan and placed it into the oven. Dietary Staff #9 did not remove [gender] gloves or wash [gender] hands before opening a utensil draw and removing a scope. Then [gender] walked to the stream table to remove servings of potatoes and green beans combination and placing them into a dry food processor bowl to puree. The cover and blade of the food processor where wet. After pureeing the potatoes and beans combination [gender] removed gloves, walked to the dishwashing area, and washed [gender] hands for 20 second. Dietary Staff #9 then placed the dirty food processor bowl, blade, and cover into the dishwasher. [Gender]</p>				<p>serving food under sanitary condition in the Bistro Café, regarding washing of hands as indicated by facility policy.Safe food handling techniques while processing the pureed meals are being followed. The dessert tray has covered items and is displayed in a manner to prevent contamination. Staff is serving food under sanitary condition in the Bistro Café and the dietary aides are washing their hands as indicated by facility policy.The systemic change will include:</p> <p>All wet food processing equipment and dishes will be air</p>		

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	<p>returned from the dishwasher area to the food prep area, without washing [gender] hands and place gloves on. The bowl, blade, and lid were wet and [gender] proceeded to puree the tomato salad, [gender] placed the servings of tomato salad into the food processor and pureed the food.</p> <p>Review on 11/7/13 of "Retail food Establishment Sanitation Requirements" indicated, "410 IAC 7-24-129 When to wash hands</p> <p>Sec. 129. (a)(6.) After handling soiled surface, equipment, or utensils.</p> <p>(7.) During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.</p> <p>(8.) When switching between working with raw food and working with ready -to- eat food. ...</p> <p>(10.) before placing gloves on hands."</p> <p>Review on 11/8/2013 at 11:00 a.m., of policy and procedure of "Environmental Sanitation/Infection Control" received from the Dietary Manger on 11/7/13 at 3:30 p.m., indicated "The disassembled parts are washed, rinsed in hot, clean water</p>		<p>dried prior to use. Dietary staff will complete a competency check regarding air drying of food processing equipment and dishes. In addition, this competency check will be completed upon hire and annually. Dessert items are now covered while on display in the Bistro Dining Room. Dietary personnel will complete a competency</p> <p>check for hand-washing and a review of hand-washing in regard to the Environmental Sanitation/Infection control policy. In addition, this will be completed upon hire and annually.</p> <p>Education will be provided to dietary staff regarding the systemic change. The Dietary Manager or designee will monitor the food prep area daily, Monday through Friday – randomly over all three meals, for use of food processing equipment and dishes</p>				

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	<p>then submerged in sanitizing solution for one minute. They are allowed to air dry."</p> <p>Review on 11/8/2013 at 11:10 a.m., of policy and procedure of "Food Preparation and Safety" received from Dietary Manager on 11/08/13 at 10:30 a.m.. indicated "Hands are always washed prior to putting on gloves... . Disposable gloves are used to perform a single task ... . Gloves are changed between handling raw products and RTE [Ready to Eat] product... ."</p> <p>Interview with the Dietary Manager on 11/7/13 at 10:50 a.m., indicated "Must the food processor bowl, blade, and lid be dry? I did not know that."</p>			<p>only after dry. In addition, the Dietary Manager will monitor food service in the Bistro Dining Room, randomly over all three meals for hand-washing per facility policy during meal service and covering of dessert items on display in the Bistro Dining room. These audits will continue for 4 weeks, and then weekly thereafter for a duration of 12 months of monitoring. Any concerns will be addressed. The results of these reviews will be</p> <p>discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly for one year. Frequency and duration of reviews will be increased as needed, if compliance is below 100%.</p>			

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	<p>2) During dining observation on 11/5/2013 at 11:50 a.m., in the Bistro cafe there were multiple cakes for the 11/5/13 lunch meal sitting out on a table, in front of the steam table near the entrance of the dining room door. There was no covering on the cakes to protect them from contamination.</p> <p>Interview on 11/5/2013 at 11:50 a.m., Bistro chef #6 indicated, the cakes on display were for today's lunch. When asked if the desserts should be uncovered while on display Bistro chef #6 indicated, "That's what we were told to do by corporate."</p> <p>Interview on 11/5/2013 at 11:55 a.m., the (DM) dietary manager indicated, "This is fine dining, and you wouldn't cover the food. It wouldn't be covered at a fine dining restaurant."</p> <p>Review of the "Retail Food Establishment Sanitation Requirement Manual" on 11/6/13 at 10:00 a.m., indicated...</p> <p>"410 IAC 7-24-179 Food display</p>			Completion Date: December 6, 2013			

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	<p>Sec. 179. (a) Except for nuts in the shell and whole, raw fruits and vegetables that are intended for hulling, peeling, or washing by the consumer before consumption, food on display shall be protected from contamination by the use of:</p> <p>(1) packaging;</p> <p>(2) counter, service line, or salad bar food guards;</p> <p>(3) display cases; or</p> <p>(4) other effective means ..."</p> <p>When this was brought to the attention of the DM (dietary manager),[gender] indicated, "Oh I see, I see." The desserts were than covered with plastic wrap.</p> <p>Observation of Bistro cafe on 11/5/2013 at 12:00 p.m., indicated dietary aide #1 served all 14 residents in the Bistro cafe without proper handwashing as indicated by facility policy. Dietary Aide #1 served Resident #65, Resident #300, and Resident #260 drinks and did not wash her hands between any resident. She then served salad to</p>						



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	<p>Resident #4 and served soup to Resident # 123 without washing her hands. Resident #303 and Resident #255 were served drinks and after this event, Dietary Aide #1 did wash her hands. When she washed her hands, Dietary Aide #1 turned on the water, immediately put her right hand in the water, let water run on right hand for 5 seconds, took hand out of water and dried her hands. She did not use soap. Dietary Aide #1 proceeded to serve food to all 14 residents in the cafe. After serving food to Resident #250, Resident #106, Resident #65, Resident #304, and Resident # 123, Dietary Aide #1 washed her hands again. Dietary Aide #1 turned on the water, immediately put both hands under the water, rubbed hands for 5 seconds and grabbed a paper towel and dried her hands. She did not use soap.</p> <p>Observation of Dietary Aide #1 gathered the dirty dishes from the residents. After gathering dirty dishes from residents in Bistro cafe, Dietary Aide #1 took dirty dishes in a small room in the back of dining room. This room is set up with a trash can and a cart to put the dirty dishes on. Dietary Aide #1 dumped the food and paper products in the trash can and put the dirty dishes on the cart for dirty</p>						

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	<p>dishes. Dietary Aide #1 did this for all 14 residents in Bistro cafe and washed her hands one time. Dietary Aide #1 did not use soap while she washed her hands after the disposal of the dirty dishes.</p> <p>Interview with Dietary Aide #1 on 11/05/2013 at 12:50 p.m., when asked what the policy and procedure was on handwashing, indicated "With every three trays you are suppose to wash your hands and with every dirty tray." When asked if she followed policy, Dietary Aide #1 indicated, "Yes, I wash for 20 seconds and with dirty trays. I wash my hands a lot."</p> <p>On 11/07/2013 at 3:30 p.m., the dietary manager provided Environmental Sanitation/Infection Control Policy 9.3, dated 2012. Review of the policy indicated,</p> <p>"1. Frequent and proper hand washing techniques with plenty of soap and water are used as follows:</p> <ul style="list-style-type: none"> <li>- Water is turned on to a comfortable hot temperature, 100 degrees Fahrenheit (F)</li> <li>- Hands are rinsed under clean, warm running water.</li> <li>- Soap is applied and all surfaces of the hands and fingers are</li> </ul>						

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	<p>rubbed together vigorously with friction for at least 20 seconds, giving particular attention to the area under the fingernails, between the fingers/fingertips and surfaces of the hands, arms and surrogate devices.</p> <ul style="list-style-type: none"> <li>- Hands are rinsed thoroughly with clean, warm, running water...</li> <li>- Contamination of hands and arms is avoided by using a clean barrier, such as a paper towel, when turning off hand sink faucets...</li> </ul> <p>2. Hands are properly washed before and/or after the following activities (Note: This is a partial list; common sense must prevail):</p> <ul style="list-style-type: none"> <li>- When entering a food preparation area...</li> <li>- Before engaging in food preparation.</li> <li>- Before handling clean equipment and serving utensils.</li> <li>- After handling soiled dishes, equipment or utensils..."</li> </ul> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>						

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F000431 SS=B	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff documented the date</p>	F000431	F431 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE		12/06/2013		

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	<p>opened on insulin pens as directed by facility policy in 1 of 4 medication carts. (Medication cart #1).</p> <p>Findings include:</p> <p>Observation of medication cart #1 on 11/08/2013 at 8:55 a.m., indicated Resident #310's Lantus pen did not have a documented open date. This same resident's NovoLog pen did not have a documented open date. Each insulin pen was in a clear plastic bag with the name of the resident and the drug information on outside of the bags on a white name label, but the pens were not labeled with an open date or resident and drug information.</p> <p>Observation of medication cart #1 on 11/08/2013 at 9:00 a.m., indicated Resident #1's Lantus pen did not have a documented open date. The Lantus pen was in a clear plastic bag with the name of the resident and the drug information on outside of the bag on a white name label, but the pen was not labeled with an open date or resident and drug information.</p> <p>Interview with RN # 2 on 11/08/2013 at 9:05 a.m., indicated when asked of the policy of labeling insulin, "I don't know." When asked if the insulin pens should be labeled, RN #2</p>			<p>DRUGS &amp;</p> <p>BIOLOGICALS</p> <p>Residents #310's Lantus and NovoLog pen was immediately discarded and replaced during the</p> <p>survey process. Resident #1's Lantus pen was immediately discarded and replaced during the survey process. RN #2 was offered education regarding the policy of labeling insulin. All carts were audited during the survey process for documentation of the date opened on insulin pens as directed by facility policy and no other concerns were noted. The systemic change includes:</p>			

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	<p>indicated, "I don't know."</p> <p>On 11/07/2013 at 3:18 p.m., the Director of Nursing provided the "Labeling of Medication Containers" policy, revised April 2007, and indicated the policy was the one currently used by the facility. Review of policy indicated, "Policy Statement: All medications maintained in the facility shall be properly labeled in accordance with current state and federal regulations. Policy Interpretation and Implementation...</p> <p>Individual Medication Container Labeling Requirements:</p> <p>3...</p> <p>h. The expiration date when applicable.</p> <p>i. The date when opened (if applicable) on medications that have a specific manufacture recommendation expiration date time frame. (Refer to the "Expiration dates for certain drugs, biological drugs and records" from the pharmacy manual)...</p> <p>Unit Dose Labeling Requirements...</p> <p>5...</p> <p>e. The expiration date when applicable;</p>		<p>The licensed nurse will check for date opened prior to utilizing any insulin pen and date the insulin pen when first opened. Education will be provided to licensed nurses regarding the systemic change. In addition, this education will be completed annually and upon hire for licensed nurses.</p> <p>The Director of Nursing or designee will audit all insulin pens for documentation of the date opened, Monday through Friday for a duration of 4 weeks, then weekly for 4 weeks, then every other week for a duration of 12 months of monitoring. Any concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly for one year. Frequency and duration of reviews will be increased as needed, if compliance is below</p>				

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	<p>f. The name of the resident and physician. (Note: The names of the resident and physician do not have to be on each unit dose package, but they must be identified on the container)..."</p> <p>"Guide for Storage of Insulin" (February 16, 2007) was retrieved on 11/08/2013 from the Wisconsin State Board of Health website. The guidance included the need to verify the expiration time of insulin pens. The website for this information can be viewed at <a href="http://www.dhs.wisconsin.gov">www.dhs.wisconsin.gov</a>.</p> <p>"Guide for Storage of Insulin...Maximum Storage Conditions for Insulin Pens...Novolog Opened/Unopened 28 days..."</p> <p>"Insulin Glargine (rDNA origin) Injection" (November 8, 2013) was retrieved on 11/08/2013 from MedlinePlus website. The guidance included the need to verify the expiration time of insulin pens. The website for this information can be viewed at <a href="http://www.nlm.nih.gov/medlineplus">www.nlm.nih.gov/medlineplus</a>.</p> <p>"Insulin Glargine (rDNA origin) Injection...Unrefrigerated vials or pens can be used within 28 days or after that time they must be thrown away.</p>		100%. Completion Date: December 6, 2013				



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	<p>Insulin glargine pens that have been used must be stored at room temperature and may be used for up to 28 days after the first use..."</p> <p>3.1-25(j)</p>						